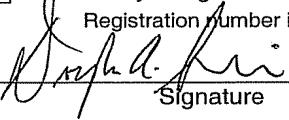


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) PF527ND1UT		
Application Number	10/618,797-Conf. #8233	Filed July 15, 2003		
For Human Tumor Necrosis Factor TR20 and Methods Based Thereon				
Art Unit 1646	Examiner	E. B. O'Hara		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ _____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$450	Small Entity Fee \$225	\$ _____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1020	Small Entity Fee \$510	\$ 1,020.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1590	Small Entity Fee \$795	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2160	Small Entity Fee \$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-3425</u> . I have enclosed a duplicate copy of this sheet.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>47,088</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
 <u>Doyle A. Siever</u> Typed or printed name			<u>June 28, 2006</u> Date <u>(301) 354-3932</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.			